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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF DENTISTRY

IN THE MATTER OF:)

MICHAEL YEUN, D.D.S.

FORMERLY KNOWN AS:

MING H. YANG, D.D.S.

Administrative Action

CONSENT ORDER

TO PRACTICE DENTISTRY IN THE
STATE OF NEW JERSEY)

This matter was opened to the New Jersey State Board of Dentistry upon receipt of a patient complaint from Rajesh Sood concerning dental treatment performed by the respondent consisting of root canal therapy. The Board reviewed the patient records and x-rays, the report of a subsequent treating dentist, received the testimony of respondent at an investigative inquiry and reviewed the report of a Board retained expert. The Board's review disclosed that respondent failed to use a rubber dam in performing the endodontic procedure; failed to take a post operative x-ray of the root canal; and, failed to take final endodontic x-rays after placement of the post and core. The review also disclosed that respondent demonstrated poor record keeping in that the patient records for Rajesh Sood failed to meet the minimum requirements of N.J.A.C. 13:30-8.7; failed to set forth the actual date full mouth x-rays were taken for the patient; and, failed to manually

sign insurance claim forms as required by N.J.A.C. 13:30-8.10(d). The parties being desirous of resolving this matter without recourse to formal proceedings, and for good cause shown;

IT IS ON THIS DAY OF , 1996,

HEREBY ORDERED AND AGREED THAT:

1. Respondent shall waive the uncollected balance of two hundred seventy-six dollars and seventy eight cents (\$267.78) due on his fee from Rajesh Sood and shall notify the Assured Collection Agency that there is no balance outstanding with regard to Rajesh Sood. A copy of the letter notifying the collection agency shall be sent to the State Board of Dentistry at 124 Halsey Street, 6th Floor, Newark, New Jersey 07101 within thirty (30) days of the entry date of this Order.

2. Respondent shall successfully complete fourteen (14) hours of basic root canal therapy and seven (7) hours of basic post and core dentistry for a total of twenty-one (21) hours of continuing education. These courses shall be approved by the Board in writing prior to attendance and utilizing the attached Pre-Approval Sheet and must be completed within six (6) months of the entry date of this Order. Respondent shall also be required to complete the attached Continuing Education Report and Proof of Attendance as proof of successful completion of the required course work. The attached forms are made a part of the within Order, and a separate form is to be used for each course. The continuing education ordered herein shall be in addition to, and not a part of, the mandatory continuing education required for licensees.

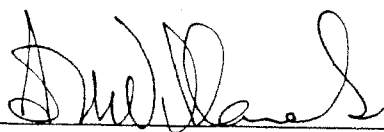
3. Respondent is hereby assessed a civil penalty in the amount of \$2,500 for submitting an insurance claim reflecting a date on which

respondent purportedly took full mouth x-rays for the patient which did not accurately reflect the date when the x-rays were actually taken and for allowing the receptionist/assistant in the office to use a rubber stamp in place of the treating dentist's signature when each insurance form is required to be manually signed by the patient's treating dentist. Said civil penalty shall be submitted by certified check or money order made payable to the State of New Jersey and submitted to the Board of Dentistry in five (5) equal consecutive monthly installments of five hundred dollars (\$500.00) which shall be due no later than the first day of each month commencing September 1, 1996. Any failure to make a payment when due shall cause the entire remaining balance to become immediately due and payable. A certified check or money order should be made payable to the State of New Jersey and submitted to the State board of Dentistry, 124 Halsey Street, Newark, New Jersey 07101 within thirty (30) days of the entry date of this Order.

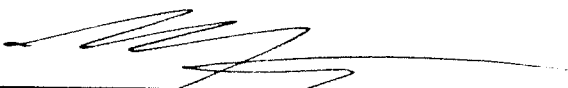
4. Respondent shall cease and desist from submitting insurance claim forms which do not reflect the date when the service and procedures were actually completed. Respondent shall cease and desist from using a rubber stamp in place of his actual signature on the claim forms submitted to third party payors.

5. Respondent is hereby reprimanded for his violation of
N.J.A.C. 13:30-8.7 and N.J.A.C. 13:30-8.10(d).

STATE BOARD OF DENTISTRY

By: 
D.D.S
President

I have read the within
Consent Order and under-
stand its terms. I hereby
consent to its entry and
agree to be bound by its
terms.


Michael Yeun, D.D.S.